Criteria Checklist

Alabama Medicaid Agency
Continuous Glucose Monitoring

Children under the age of 21 and EPSDT eligible

PREREQUISITE CRITERIA *All of the following **must** be met with supporting documentation*:*

- ☐ Medicaid eligible EPSDT recipients less than 21 years of age and recipients of all ages with Type I diabetes and pregnant.
- ☐ Patient is diagnosed with Type 1 diabetes mellitus
- ☐ Patient has been using a blood glucose monitor (BGM) and performing frequent (four or more times per day) testing. Supporting documentation* must be submitted.
- ☐ Patient is insulin-treated with multiple (three or more) daily injections of insulin or a Medicaid-covered continuous subcutaneous insulin infusion (CSII) pump.
- ☐ Patient's insulin treatment regimen requires frequent adjustment by the patient and/or caregiver on the basis of BGM or CGM testing results.
- ☐ Patients with Type I diabetes who have recurrent*, unexplained, severe (generally blood glucose levels less than 50 mg/dL) hypoglycemia for whom hypoglycemia puts the patient or others at risk; or patients of all ages with Type I diabetes and pregnant, with documentation in the medical records despite use of best practices***.
  - * Recurrent is defined as two (2) or more *documented* episodes in a two (2) week period.
- ☐ Patient and/or caregiver must be capable, physically and intellectually, of operating the CGM.
- ☐ Patient/caregiver must demonstrate ability and commitment to comply with regimen of pump care, diet, exercise, medications, and glucose testing. Supporting documentation must be submitted.
- ☐ Documentation of active and past recipient compliance with medications and diet, appointments, and other treatment recommendations must be provided.

** Poorly controlled Type 1 diabetes mellitus includes the following clinical situations:

- •Unexplained hypoglycemic episodes;
- • Hypoglycemic unawareness;
- • Suspected postprandial hyperglycemia
- • Recurrent diabetic ketoacidosis

*** Best practices in diabetes control for patients with diabetes mellitus include:

- • Compliance with a regimen of four (4) or more fingersticks each day; or
- • Use of insulin pump; or
- • Prior use of intermittent (72-hour) glucose.

ADDITIONAL CRITERIA (One or more of the following criteria must also be met, supported by documentation).

- ☐ Two elevated glycosylated hemoglobin levels (HbA1c > 7.0%) within a 120-day time span, while on multiple daily injections of insulin.
- ☐ History of severe glycemic excursions (commonly associated with brittle diabetes, hypoglycemic unawareness, nocturnal hypoglycemia, extreme insulin sensitivity and/or very low insulin requirements).
- ☐ Widely fluctuating blood glucose levels before mealtime (i.e. pre-prandial blood glucose level consistently exceeds 140 mg/dL).

  Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dL.

DOCUMENTATION REQUIREMENT

- ☐ Documentation must include two consecutive weeks' worth of glucose self-testing (i.e. patient 'logs') within the three months prior to the prior authorization request.
- ☐ Documentation may include notes from the patient chart.

RECERTIFICATION/RENEWAL:

For patients who have received CGM equipment and supplies through AL Medicaid and are in need of a Prior Authorization Renewal, an updated prescription and an attestation from the patient's prescribing provider, stating their recommendation for continued CGM therapy, is required. A request for replacement of the Receiver (A9278) will be considered for approval every five years upon review of submitted medical documentation. If a replacement request is submitted within less than five years and the replacement is due to a natural disaster and not

the result of misuse, neglect or malicious acts by the user, the request may be considered for approval and payment.

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

A9276, A9277, A9278

Maximum limits apply to each of the procedure codes indicated above. Requests for replacement of A9278 will be limited to once every five years based on a review of submitted documentation requested.